

**Hospice
Provider Type 44
907 KAR 1:330**

Notice to Providers:

- Per [42 CFR 455.432](#), the State Medicaid agency (a) Must conduct pre-enrollment and post-enrollment site visits of providers who are designated as “**moderate**” categorical risks to the Medicaid program. (b) Must require any enrolled provider to permit CMS, its agents, its designated contractors, or the State Medicaid agency to conduct unannounced on-site inspections of any and all provider locations.

Information about the Program:

- Provider can only be an entity, not an individual.
- Provider must have a permanent physical location.
- Out-of-state providers may enroll on an emergency basis but must be licensed .
- Provider must obtain a [Certificate of Need](#) from the Division of Certificate of Need when located in and providing services in Kentucky. Out of state providers are not required to have a Certificate of Need.
- In-state providers must contact the [Office of Inspector General \(OIG\)](#) for a survey/license. DMS will not assign a provider number to in-state facilities unless a survey/license has been received.

New Provider Application, Revalidation and Maintenance Information:

- All provider applications (new enrollment, revalidations, and maintenance items) are now completed using the **KY Medicaid Partner Portal Application** ([KY MPPA website](#)).

Supporting Documentation Required for New Provider Enrollment, Revalidation and Maintenance Tasks:

- If hospital based, an accreditation letter from [The Joint Commission](#) or another CMS approved accreditation program is required.
- Hospice license (must be current and reflect the requested enrollment date)
- Out-of-state providers must provide Kentucky license (must be current and reflect the requested enrollment date) and proof of dates of service for recipient.
- IRS letter of verification of FEIN or official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- [NPI and Taxonomy Code Verification](#)
- If the provider chooses to enroll in direct deposit, verification of the bank routing/accounting numbers, such as voided check or bank letter, is required.
- Application Fee - per [42 CFR 455.460](#), preferably processed electronically through the [KY MPPA website](#), but checks are accepted. Please make check payable to the [KY State Treasurer](#). If you have already paid an application fee to Medicare or another state's Medicaid agency, payment is not required. For information regarding the current application fee, please refer to the [DMS Provider Enrollment Page](#).

KY Medicaid Partner Portal Application (KY MPPA):

Link to Enroll as a Kentucky Medicaid Provider:

<https://medicaidsystems.ky.gov/Partnerportal/home.aspx> and click *Let's Get Started*

Link to the Kentucky Medicaid Partner Portal Application (KY MPPA):

<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx>

Where providers can:

- Register for a KY MPPA account
- Access KY MPPA training resources
- Register for or view pre-recorded webinars
- Subscribe to CHFS email for updates
- And so much more